

Form BCA-5.25 (Rev. Jan. 2003)	AFFIDAVIT OF COMPLIANCE FOR SERVICE ON SECRETARY OF STATE UNDER THE BUSINESS CORPORATION ACT	File # <u>64559478</u>
Jesse White Secretary of State Department of Business Services Springfield, IL 62756 217-524-6748 www.cyberdriveillinois.com	FILED This space for use by Secretary of State. FEB 28 2008 JESSE WHITE SECRETARY OF STATE	SUBMIT IN DUPLICATE
Remit payment in check or money order payable to Secretary of State.		Date: <u>2-28-08</u> Filing Fee: \$10 Approved: <u>ZgB</u>

1. Title and Number of Case:

Laborers Pension Fund, et al.

first named plaintiff

IL Bricklayer, Inc.

v.

first named defendant

Number 08 C 7812. Name of corporation being served: IL Bricklayer, Inc.3. Title of court in which an action, suit or proceeding has been commenced: USDC, N. Dist. E. Div.4. Title of instrument being served: Summons and Complaint

5. Basis for service on the Secretary of State: (check and complete appropriate box)

- a. ☒ The corporation's registered agent cannot with reasonable diligence be found at the registered office of record in Illinois.
- b. ☐ The corporation has failed to appoint and maintain a registered agent in Illinois.
- c. ☐ The corporation was dissolved on _____, _____; the conditions of paragraphs (a) or (b) above exist; and the action, suit or proceeding has been instituted against or has affected the corporation within five (5) years thereafter.
- d. ☐ The corporation's authority to transact business in Illinois has been withdrawn/revoked (circle one) on _____, _____.
- e. ☐ The corporation is a foreign corporation that has transacted business in Illinois without procuring authority, contrary to the provisions of the Business Corporation Act of 1983.

6. Address to which the undersigned will cause a copy of the attached process, notice or demand to be sent by certified or registered mail: c/o Maciej Spitz, 870 E. Higgins Road #140L, Schaumburg, IL 60173

7. The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

Christine C. [Signature] February 28 2008
Signature of Affiant Month & Day Year

(312)

692-1540

Telephone Number

Return to (please type or print clearly):

Fund Counsel, Laborers Pension Fund

Name

111 W. Jackson Blvd., Suite 1415

Street

Chicago, IL 60604

City/Town

State

ZIP

**TENDERED CHICAGO
CORP. DEPARTMENT****FEB 28 2008**

NF

AO 440 (Rev. 05/00) Summons in a Civil Action

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

LABORERS' PENSION FUND AND LABORERS'
WELFARE FUND OF THE HEALTH AND
WELFARE DEPARTMENT, ETC., ET AL.,

CASE NUMBER:

08 C 781

V.

ASSIGNED JUDGE:

**JUDGE LEFKOW
MAGISTRATE JUDGE MASON**

BRICKLAYER, INC., a dissolved Illinois corporation,
MACIEJ SPITZA, individually and d/b/a BRICKLAYER,
INC., and IL BRICKLAYER, INC., an Illinois Corporation,
d/b/a BRICKLAYER, INC.

DESIGNATED

MAGISTRATE JUDGE:

RECEIVED**FEB 28 2008**

**JESSE WHITE
SECRETARY OF STATE**

TO: (Name and address of Defendant)

IL Bricklayer, Inc
c/o Maciej Spitza
870 East Higgins Rd #140L
Schaumburg, IL 60173

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Patrick T. Wallace, Jerrod Olszewski
Christina Krivanek, Amy N. Carollo, Charles Ingrassia
Office of Fund Counsel
111 W. Jackson Blvd., Suite 1415
Chicago, IL 60604

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Michael W. Dobbins, Clerk

Nadine Shirley

(By) DEPUTY CLERK

February 5, 2008

Date



AO 440 (Rev. 05/00) Summons in a Civil Action.

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE
NAME OF SERVER (PRINT)	TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where served: _____

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: _____

☐ Returned unexecuted: _____

☐ Other (specify): _____

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____ Date _____ Signature of Server _____

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.